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Fill in this information to identify	your case:						
Debtor 1 Paul D. Holley							
First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: I	Eastern District of Pennsylv						
Case number 19-17361			Check if the	nis is:			
(If known)	An amended filing						
		A supplement showing postpetition chapter 13 income as of the following date:					
Official Form 106l		MM / DD / YYYY					
Schedule I: You	ır Income	12/15					
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Describe Employm	ou are married and not fil se is not filing with you, top of any additional pa	ing jointly, and your spouse do not include information	e is living with y about your spo	ou, include informationse. If more space is	on about your spouse. needed, attach a		
1. Fill in your employment		5.1.					
information.		Debtor 1		Debtor 2 or non-f	riling spouse		
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed☑ Not employed		☑ Employed☑ Not employed			
Include part-time, seasonal, or self-employed work.		Delivery		Can Officer on M	laukaula Caman		
Occupation may include student or homemaker, if it applies.	Occupation	Delivery		Sec Officer on Worker's Comp US Dept of Homeland Sec. 2 Intl Plaza, Ste. 640 Number Street			
	Employer's name	Schneider National C	arriers				
	Employer's address	POB 2545					
		Number Street					
		Green Bay WI	54306 ZIP Code	Philadelphia City	PA 19113 State ZIP Code		
	How long ampleyed the	J., J.	Lii 0000	Oily	Cidio Zii Codo		
	How long employed the						
Part 2: Give Details About	Monthly Income						
Estimate monthly income as of spouse unless you are separated		m. If you have nothing to repo	ort for any line, wr	rite \$0 in the space. Inc	lude your non-filing		
If you or your non-filing spouse had below. If you need more space, a	ave more than one employe		or all employers fo	or that person on the lir	nes		
	·		For Debtor 1	For Debtor 2 or non-filing spouse			
List monthly gross wages, sale deductions). If not paid monthly,			3.040.00	e e	-		

4. Calculate gross income. Add line 2 + line 3. 4. \$_3,040.00 \$_____

3. Estimate and list monthly overtime pay.

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Debtor 1

Paul D. Holley

First Name Middle Name Last Name

Case number (if known) 19-17361

			Fo	r Debtor 1		Debtor 2 or -filing spouse		
	Copy line 4 here	4.	\$_	3,040.00	\$			
5. l	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	648.84	\$			
	5b. Mandatory contributions for retirement plans	5b.	\$					
	5c. Voluntary contributions for retirement plans	5c.	\$_ \$					
	5d. Required repayments of retirement fund loans	5d.	\$_ \$					
	5e. Insurance	5e.	\$_ \$		\$			
	5f. Domestic support obligations	5f.	\$		φ.			
	•		Ψ_		Ψ.			
	5g. Union dues	5g.	Ψ_		Ψ.			
	5h. Other deductions. Specify:	5h.	+\$_		+ \$			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$_	648.84	\$.			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,391.16	\$	0.00		
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		ф.		Φ.			
	monthly net income.	8a.	Ф_		Ф.			
	8b. Interest and dividends	8b.	\$_		\$.			
	 Family support payments that you, a non-filing spouse, or a depende regularly receive 	nt						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_		\$			
	8d. Unemployment compensation	8d.	\$_		\$.			
	8e. Social Security	8e.	\$_		\$.			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$_		\$.			
	8g. Pension or retirement income IRS Refund over 12 months	8g.	\$		\$			
	8h. Other monthly income. Specify: Worker's Comp	8h.	-	401.25	+\$	3,239.96		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	401.25	\$.			
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. \$_	2,792.41	+ \$	3,239.96	= \$_	6032.37
11.	State all other regular contributions to the expenses that you list in <i>Scheol</i> Include contributions from an unmarried partner, members of your household, y friends or relatives.			lents, your roo	ommates	, and other	' -	
	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailabl	e to pay expe	nses liste	ed in Schedule J.		
	Specify:					11.	+ \$_	
	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				-	come. 12.	\$_ Co	6032.37 mbined
13	B. Do you expect an increase or decrease within the year after you file this f	orm'	?				mo	onthly income
	Yes. Explain:							